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<b>FEES TRANSMITTAL For FY 2005</b>		<b>Complete if Known</b>																													
		Application Number	09/671,623																												
		Filing Date	September 28, 2000																												
		First Named Inventor	Minoru KUSAKABE et al.																												
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Examiner Name	T.A. Carter																												
<b>TOTAL AMOUNT OF PAYMENT</b> (\$0)		Art Unit	2626																												
		Attorney Docket No.	00862.022011																												
<b>METHOD OF PAYMENT</b> (check all that apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;"><input type="checkbox"/></td> <td style="width: 100px;">Check</td> <td style="width: 25px;"><input type="checkbox"/></td> <td style="width: 100px;">Credit Card</td> <td style="width: 25px;"><input type="checkbox"/></td> <td style="width: 100px;">Money Order</td> <td style="width: 25px;"><input type="checkbox"/></td> <td style="width: 100px;">None</td> <td style="width: 25px;"><input type="checkbox"/></td> <td style="width: 100px;">Other (please identify): _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Deposit Account</td> <td>Deposit Account Number:</td> <td colspan="6">06-1205</td> <td>Deposit Account Name: <b>Fitzpatrick, Cella, Harper &amp; Scinto</b></td> </tr> </table> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td style="width: 100px;">Charge fee(s) indicated below</td> <td style="width: 50px;"><input type="checkbox"/></td> <td style="width: 100px;">Charge fee(s) indicated below, except for the filing fee</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17</td> <td><input type="checkbox"/></td> <td>Credit any overpayments</td> </tr> </table>				<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____	<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	06-1205						Deposit Account Name: <b>Fitzpatrick, Cella, Harper &amp; Scinto</b>	<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments
<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____																						
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	06-1205						Deposit Account Name: <b>Fitzpatrick, Cella, Harper &amp; Scinto</b>																						
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<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																															
<b>FEE CALCULATION</b>																															
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																															
<b>Application Type</b>	<b>FILING FEES</b> <b>Small Entity</b>		<b>SEARCH FEES</b> <b>Small Entity</b>		<b>EXAMINATION FEES</b> <b>Small Entity</b>																										
	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>																									
Utility	300	150	500	250	200	100																									
Design	200	100	100	50	130	65																									
Plant	200	100	300	150	160	80																									
Reissue	300	150	500	250	600	300																									
<b>2. EXCESS CLAIM FEES</b>				<b>Small Entity</b>																											
<b>Fee Description</b>				<b>Fee (\$)</b>	<b>Fee (\$)</b>																										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25																										
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100																										
Multiple dependent claims				360	180																										
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>																									
$11 - 20 \text{ or HP} = 0 \times 0 = 0$																															
HP = highest number of total claims paid for, if greater than 20																															
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>																									
$3 - 3 \text{ or HP} = 0 \times 0 = 0$																															
HP = highest number of independent claims paid for, if greater than 3																															
<b>3. APPLICATION SIZE FEE</b>				If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																											
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																								
$- 100 = 0 / 50 = 0$ (round up to a whole number)						0	0																								
<b>4. OTHER FEE(S)</b>				<b>Fees Paid (\$)</b>																											
Non-English Specification, \$130 fee (no small entity discount)				$0$																											
Other: _____				$0$																											

**SUBMITTED BY**

**Signature**



Registration No.  
(Attorney/Agent) 55.112

Telephone  
202-530-1010

Name (Print/Type) Michael J. Didas

Date: June 23, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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00862.022011



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
MINORU KUSAKABE ET AL. ) : Examiner: Tia A. Carter  
Application No.: 09/671,623 ) : Group Art Unit: 2626  
Filed: September 28, 2000 ) : Confirmation No.: 8731  
For: IMAGE PROCESSING APPARATUS ) : June 23, 2005  
AND METHOD, AND STORAGE MEDIUM :  
:

**Mail Stop Amendment**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed March 23, 2005, Applicants submit the following amendments and remarks.